

Community Networks:
Progress Toward Measuring Results

Kay Knapp

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*Washington State
Institute for
Public Policy*

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TABLE OF CONTENTS

I. Legislative Direction	1
II. Findings	5
Framework for Understanding Outcomes	5
Network Choice of Program Evaluation Model	7
System Reform Efforts	8
Funding Instability.....	11
Network Progress in Outcome Orientation.....	12
III. Recommendations.....	15
Appendix A: 1998 Network Outcomes.....	17
Appendix B: Framework Development.....	21

Note: Many current government initiatives are focused on defining and measuring the results of publicly-funded programs. This approach has various names—performance measurement, benchmarking, managing for results, and outcome-based. The 1994 Legislature used the terms "outcome" and "outcome-based" in its direction to the community networks, so we also used this term.

Kay Knapp is a consultant based in Minneapolis, Minnesota. Special thanks to the network volunteers and staff who participated in the interviews. Laura Porter and Bill Hall from the Family Policy Council also provided much assistance in locating documents and arranging meetings.

Summary: Community Public Health and Safety Networks were created by the 1994 Legislature as a means of involving citizens in improving local conditions for children and families. Fifty-three networks were established across the state, with oversight by the state's Family Policy Council. The legislation directed networks to reduce negative behaviors such as delinquency, teen pregnancy, and substance abuse, relying on close measurement of program results (outcomes). The Institute is evaluating the networks' progress toward these goals at legislative direction.

This review examined ten networks to gauge their understanding of the outcome measurement approach and legislative expectations. The interviews revealed substantial progress by the networks in defining and measuring results connected to community projects. Barriers to the networks' overall accomplishments were identified, in particular, unstable funding that made it difficult for the networks to accomplish their plans. The legislature could assist networks in fulfilling their mandate by removing the 10 percent administrative cap and appropriating flexible funds. Clarification from the Family Policy Council regarding definitions of outcomes would also aid the networks' progress.

I. LEGISLATIVE DIRECTION

The 1994 Washington State Legislature passed the Violence Prevention Act, an omnibus bill with the primary purpose of reducing the rate of violence—particularly youth violence—in the state. In addition to juvenile violence, the legislature identified the following “at-risk” behaviors for focused efforts of reduction: teen substance abuse, teen pregnancy and male parentage, teen suicide attempts, dropping out of school, child abuse or neglect, and domestic violence.¹ Reductions in out-of-home placements of youth were also expected.

The Act created Community Public Health and Safety Networks for grassroots participation throughout the state in reducing violence. A total of 53 networks were created—most encompassing entire counties, some covering small, local communities. The networks were required to submit comprehensive plans for their communities to the Family Policy Council (FPC).² The plans documented the networks' decisions on chosen problem behaviors, identification of existing services and support, strategies to fill gaps in support systems, and methods to monitor and evaluate progress. The networks have distributed two rounds of funds to date.

By legislative direction, the networks are expected to focus on prevention with respect to violence, especially youth violence. Preventative efforts take time to show their effects; thus, the Legislature directed that an external evaluation of the networks and their programs occur after five years of network operation. The Legislature assigned the Washington State Institute for Public Policy (Institute) to conduct this evaluation.

While this external evaluation is wisely delayed, important interim reviews are available from the Institute. A 1996 publication examined the establishment, government structure, and operation of a sample of networks.³ A February 1998 publication examined the projects funded by the

¹ RCW 70.190.130(1)(h).

² RCW 70.190.130(1).

³ Roxanne Lieb, Edie Harding, and Carol Webster, *Community Public Health and Safety Networks: Case Studies and Governance Structure*, Olympia, WA: Washington State Institute for Public Policy, April 1996.

networks as well as the performance measures.⁴ These documents identify challenges facing the networks if they are to succeed in changing outcomes related to youth violence.

The networks had faced difficulties due to funding complexities as well as authorizing legislation that was open to various interpretations. This evaluation builds on the previous reviews, with a focus on identifying steps that can strengthen the networks.

The enabling legislation directed that networks define and measure their effects on risk behaviors of youth. For the sake of brevity, this direction will be referred to as an “outcome orientation.” The Institute found in its 1998 report that initial contracts between networks and providers often included measures of activities instead of outcomes. Moving from the traditional focus on activities, which has dominated social services and criminal justice for decades, and adopting a focus on outcomes is not easy, and thus this initial finding is to be expected.

Additionally, grassroots organizations like the networks must develop consensus among disparate interests, which can complicate decision-making. On the other hand, grassroots and community efforts are presumed necessary to effect the type of changes envisioned by the Act.

Purpose of this review. The approach taken in this review differs from that used for the Institute's February 1998 report. The earlier document examined written reports submitted by the networks to the FPC. In instances where the reported measures were unclear, the Institute contacted networks for clarification.

This review concentrates on in-depth interviews with network members, staff, and service providers from a sample of ten networks. In-depth interviewing was selected to better understand both the strengths and the obstacles facing networks in defining and achieving outcomes. With that understanding, potential solutions and interventions can be fashioned.

The networks were selected to represent the state across several dimensions. The Institute's 1996 study relied on seven networks to illustrate Washington's geographic and population diversity. Six of these networks—Clallam, Kittitas, Mason, Snohomish, South King, and Spokane Counties—are included in this report. In addition, Spokane Tribe was substituted for Jamestown S'Klallam Network, and three networks were added—Asotin/Garfield, Pacific, and Tacoma Urban Network—to offer more geographical diversity as well as inclusion of networks that emphasized involvement of public health officials.

The interviews covered the following topics:

- Network definitions of outcomes;
- Strengths with respect to an outcomes orientation;
- Obstacles networks face in achieving an outcome orientation, especially in a prevention setting;
- Linkages between programmatic efforts and reduction of youth violence;

⁴ Sharon Silas, Scott Matson, and Roxanne Lieb, *Community Public Health and Safety Networks: Projects and Performance Measures*, Olympia, WA: Washington State Institute for Public Policy, February 1998.

- Knowledge and skills of outcome theory and measurement;
- Perception of contracted partner's (network or provider) knowledge and skills with respect to outcomes;
- Role public health officials (and other local government representatives) have played in developing and implementing an outcomes orientation;
- Steps being taken to build capacity; and
- What networks believe will help them build capacity and become more outcome-focused.

II. FINDINGS

Networks have been remarkably focused on outcomes within the context of their preventative work and given the considerable barriers they have faced. This finding differs from the Institute's 1998 report⁵ for several reasons.

- First, and most important, *no framework for understanding outcomes was articulated* for the networks. The networks' understanding of outcomes was not entirely consistent with the Institute's operational definition for their review. The lack of common framework has resulted in confusion, frustration, and a modicum of conflict.
- Second, the networks have invested considerable resources in training service providers on outcome definition and measurement. The networks refer to this activity as “*systems reform*” work, and the Institute's 1998 study examined direct service contracts, which did not incorporate this activity.
- Third, networks have faced significant external barriers in accomplishing their legislative mandate. The primary obstacle has been funding instability, including the level of resources, the timing, and the competing demands from different funding sources.
- Fourth, becoming outcome-focused is a process, and the last step in this process is a clear articulation of reported outcomes. Many networks have a sophisticated understanding of outcomes but are not as accomplished at articulating these understandings in written form. It is not surprising that the first reports from networks revealed weaknesses. Most organizations show uneven results in their first effort at this innovation.

Each of these areas is addressed more fully below.

Framework for Understanding Outcomes

The framework and language for conceptualizing outcomes and measures varies greatly, both in Washington State and across the country. While the terms “result” or “outcome” seem relatively straightforward from a common usage perspective, they quickly become confusing when trying to define and measure programmatic or system outcomes. Disciplines use measurement terms and conceive outcomes differently. The terms “goals,” “outcomes,” and “results” are sometimes used interchangeably; other disciplines use the terms to mean different things. Program and network staff and members are desperate for methodology professionals to establish a single set of definitions for the terms.

Regardless of the desirability of language consistency, it is unlikely to happen. Measurement is used in different contexts for different purposes and with different consequences. It is, in fact, highly desirable to have the flexibility to define the measurement framework appropriate to a particular context. Each measurement approach has strengths and weaknesses that should be assessed in choosing the most appropriate terms for the context. Communication problems

⁵ Roxanne Lieb, et al., *Community Public Health and Safety Networks: Projects and Performance Measures*, (Olympia, WA: Washington State Institute for Public Policy, February 1998).

arise not because of multiple approaches, but because of insufficient discussion regarding the specific framework or because competing frameworks are operating.

At present, three principle frameworks operate in government settings: *performance measurement, systemic benchmarking, and program evaluation.*

Performance Measurement. Performance measures are increasingly used in conjunction with budgets and are often directed by budget or finance offices. In Washington State, performance measurement by the executive branch is directed by the Office of Financial Management. Some efforts across the country limit the measures to outcome measures (e.g., percentage of adoptions within three years of foster care placement). Others include efficiency or process measures (e.g., number of child abuse/neglect referrals accepted for investigation). Unlike traditional program evaluation, most performance measures define a limited number of factors for focus; thus, data collection is limited.

Like traditional program evaluation, most performance measures are directed toward an agency's response (e.g., foster care) to an underlying condition (safe children) rather than directed toward the underlying condition itself. Performance measures often align with budget categories defined by categorical funding streams. This alignment can strongly reinforce categorical thinking.

Systematic Benchmarking. Many governments have identified a number of key indicators to track the health, economic vitality, and safety of their jurisdictions and populations. Examples of typical indicators are employment rates, income levels, crime rates, graduation rates, and teen pregnancy. Systematic benchmarking is occasionally accompanied by strategic efforts to influence those indicators, but that is the exception. Usually, the indicators serve to generate discussion and debate rather than focused action.

Program Evaluation. This approach has been widely used in the nation for approximately 30 years. Often applied to existing programs, the effort involves relatively detailed program specification, including:

- description of program resources (e.g., program staff),
- activities (e.g., parenting class instruction),
- specific intervention (e.g., parenting class attendance), and
- anticipated outcomes (e.g., knowledge, skills, and practice regarding good parenting) that presumably influence long-term goals (e.g., healthy children: reduced chemical use, reduced violence, reduced teen pregnancy).

This is a “robust” framework in that it requires a careful examination of a program and the linkages between the activities and outcomes. The desired outcome in human services programs is usually a change in the client or family.

Traditional program evaluation is a valuable management tool that can assist in continuous program improvement. Substantial data are needed regarding program resources, activities, outputs, and outcomes for this approach. Thus, this type of evaluation can be difficult to maintain over time, especially for programs with modest resources and significant staff turnover.

Research in academic or institute settings is included in this category. Researchers frequently examine interventions to determine whether a program causes a desired change. To gain the strongest findings, an experimental research design relies on treatment and control groups and carefully measures differences. Most measurement in network projects is much less rigorous, and, as one public health provider noted, this reduced rigor is far more practical for an enterprise like the networks.

Each of these approaches is outcome-focused but quite different from the others. Each also has multiple permutations in practice, with approaches that are often articulated and “packaged” by an individual or company. Various groups and individuals promote their “package,” leading to a somewhat competitive environment.

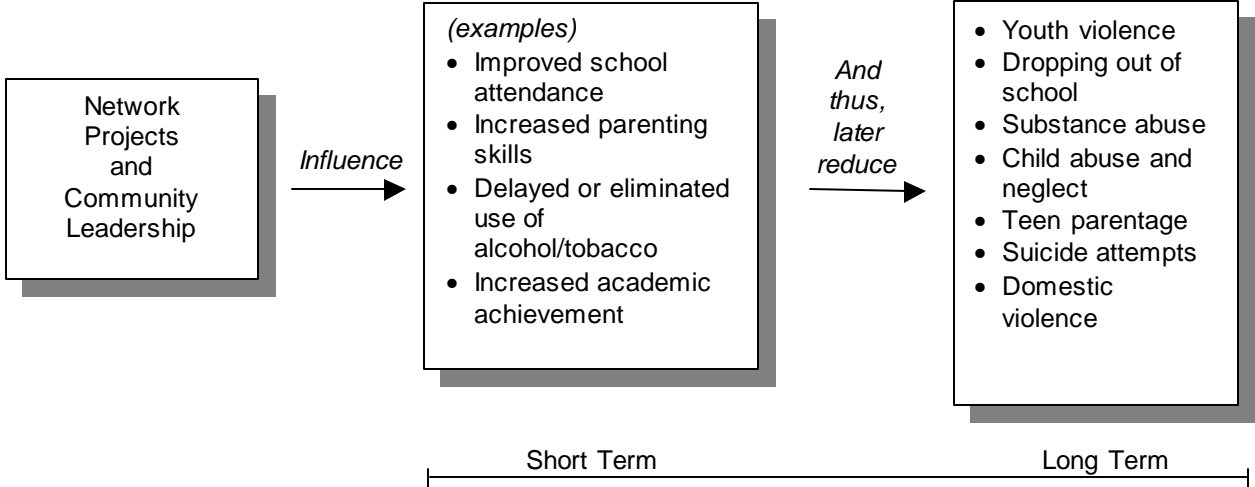
Network Choice of Program Evaluation Model

Of the three frameworks, *most networks are oriented toward traditional program evaluation* and are using this framework in their contracts with providers. The label “Logic Model” is used by some evaluation trainers in Washington State to describe this approach.

This approach represents a good choice since networks are in the business of prevention, and intervening steps between the program and long-term behaviors can be measured. In an effort to influence young children, many networks fund interventions to enhance their parents' knowledge and skills. For example, the program may aim to increase parents' knowledge of age-appropriate behavior, development of the brain, development of appropriate disciplinary techniques, and development of attitudes that will foster parent/child bonding.

The theory embodied in the Act is that prevention, in the form of changed attitudes and increased skills and knowledge, will result in better parenting practices, which will result in increased protective factors and reduced risk factors, which will eventually reduce “at-risk” behaviors among youth. The diagram depicts this theory.

Legislative Intent for Community Networks



1998 Institute Review. The Institute's February 1998 report identified projects that targeted and measured behavioral change as those that were the most aligned with the legislative direction. This differed from networks' understanding that measuring changes in knowledge, skills, and attitudes was appropriate in the context of prevention. The networks' understanding was derived from traditional program evaluation, the most common framework used by social service programs.

The Institute rightly noted that many of the measures reported by networks were of activities or numbers of individuals participating in programs (outputs, in traditional program evaluation language). There are two major reasons for this result. The first is that social service programs have been slow to move from a focus on outputs to a focus on outcomes. The networks have worked diligently to build this capacity among social service providers. This effort is described in the next section on system reform. The second reason noted by the Institute was the significant time pressure on networks to distribute funding, initiate projects, and expend funding in fiscal year 1997. The subsequent section on funding instability covers this topic.

System Reform Efforts

It would be hard to overstate the difficulty that private and public social service agencies face in moving from a focus on activities (what staff do) and outputs (client participation in programs) to outcomes (client change). The focus on activities and outputs has been the norm for the entire tenure of most staff. Public and private agencies have been required to report these activities and outputs as measures of accountability for funders.

As the networks followed the legislative mandate to focus on outcomes, it was quickly clear that most social service providers followed the previous accountability models of activities. Building that capacity became a significant effort for some networks, an effort that was commonly called "System Reform." Examples of system reform efforts regarding outcomes follow.

Tacoma Urban Network. The Tacoma Urban Network (TUN) focused their first year's efforts on building capacity around outcomes, specifically to make the area's agencies, funders, and providers utilize outcome evaluation. TUN played a pivotal role in this effort. A Funder's Group had been formed prior to TUN's inception to work through issues related to outcomes. Providers and TUN members agree that the Funder's Group was languishing and stymied. There was provider resistance to change and a lack of resources for training. TUN identified the implementation of outcome evaluation as the most critical system reform needed and placed all the network's funds on the table to further that goal. That infusion of funds and TUN's leadership leveraged others to move forward, including the Stuart Foundation, City of Tacoma (Aging and Long Term Care), Pierce County Community Services, Pierce County Human Services, Greater Pierce County Community Network, and the United Way of Pierce County.

A common approach and framework was adopted by all funders. The framework is a traditional program evaluation model that identifies resources, activities, outputs, outcomes, and goals. A common application form for funding and a common report form for outcome-based program evaluation was developed and is used by all funders. The definition of outcomes is "Change in the lives of individuals, families, organizations and communities that is a result of this program/project." Examples of outcomes include changes in knowledge, attitude, skills, and behavior.

Beginning in February 1997, TUN funded in-depth training on outcome evaluation for seven agencies. The training included comprehensive program examination for all staff. Every aspect of the programs was mapped with identification of individual goals, resources, activities, outputs, and outcomes. In addition to the training, TUN funded individuals in ten additional provider agencies to attend ten training sessions. The experience of two participating agencies is useful to review: the YWCA Women's Shelter and the Tacoma Day Care.

The YWCA Women's Shelter for victims of domestic violence was one of the seven agencies that participated in the in-depth training. Prior to this training, the YWCA had not defined nor measured outcomes. As a result of the program examination included in the training, the staff extended the stay for clients from six to 12 weeks because they realized it took six weeks for women just to get out of the crisis mode. Women in these situations make better decisions after their situation is stabilized.

In addition, the group paid attention to the fact that many clients had chemical dependency or some other condition as their primary issue and were not in a position to meaningfully address the domestic violence they had experienced. As a result, the program instituted assessment and referrals at an early stage.

The outcomes identified for the Women's Shelter program were: "Increased willingness and preparedness to act" and "Increased feeling of empowerment to make long-term life changes." Both outcomes represent changes in attitude and are measured via a combination of client self-evaluation and case manager judgment based on case record review. The YWCA has since applied this program evaluation model to all their programs.

The Tacoma Day Care was one of ten agencies whose staff attended ten sessions on outcome evaluation. Many of the children at Tacoma Day Care stay for two years, and some children spend over ten hours a day at the center. The outcomes for the Tacoma Day Care included "Increased level of child achievement," "Increased individual goal attainment," and "Increased parent knowledge of child development and available resources." These outcomes are shared with other day cares in the area. Teachers assess children on six dimensions (classroom, health/appearance, self-image, child interaction with others, communication skills, and age-appropriate play). Measurement scales and indexes have been developed for those dimensions. Teachers meet in teams of three to discuss and reach agreement on individual assessments and review progress.

The United Way is Tacoma Day Care's principle funder, and this funder is now requiring a statement of outcomes in their application for 1999 funds. Tacoma Day Care is already analyzing outcomes data and examining their program in light of those data. They are at least two years ahead because of the TUN system reform effort.

South King County Network. South King County Network was the first funder in their region to require outcome definition and measurement in their contracts. In 1996, the network joined a group of funders (King County Outcome Partnership, which included local government agencies and the United Way) to plan for a common paradigm in outcomes. The traditional program evaluation model was selected with outcomes defined as changes in knowledge, skills, attitudes, and behavior. Several hundred people were trained as a result of the Partnership's efforts; the network contributed \$10,000 to this training.

Auburn Youth Resources' Back on Track program entered into an outcome-based contract with the South King County Network. Case management and referrals were provided for at-risk youth (for chemical use, violence, and crime) and their families. The system reform piloted with this project was collaboration among five agencies as a method for improving program performance.

This was the first time the agency had developed and measured outcomes. The program staff worked with network staff in developing outcomes for the contract. Program staff worked with referral agencies to develop specific outcomes for individuals as well. The outcome data collected confirmed what theory had told them about risk and protective factors. The central outcomes were “Increased family management skills” and “Increased positive youth bonding.” The measurement methods included pre/post surveys, narrative reports, and goal attainment data.

After the network pilot, the program was funded by King County. Because of the program's outcome focus, the staff could demonstrate accomplishments.

Other Training. Another effort to build capacity among service providers occurred in the Spokane County Network. The network sponsored a two-day seminar on outcomes in July 1997. Over 70 individuals from a variety of private agencies attended. The Clallam County Network also sponsored an early training session for service providers. Most of the other networks in the study had either recently sponsored intensive training for service providers (e.g., Snohomish County Federated Network) or have plans to provide training (e.g., Kittitas County Network). In addition, a group funded by the Stuart Foundation has provided training to state network members.

Several points regarding outcomes and training deserve highlighting:

- Virtually all network members and service providers noted that citizens were better prepared to conceptualize and adapt to outcome orientation than were fiduciary members. Those with social service backgrounds had to unlearn their focus on activities and process; citizens could just use common sense. Also, most citizens were familiar with concepts of measuring government programs because of education reform.
- The training sponsored by networks was universally described as excellent. It was more comprehensive and thorough than sessions provided by other funders. The materials provided in the training were used to train other agency staff who had not attended the sessions.
- With respect to outcome-based contracts, some networks preceded all other funders, including government social service agencies and the United Way. Service providers who were required to report outcomes to the networks were required to report activities and outputs, but not outcomes, to government and other private funders.

Funding Instability

To be effective in achieving outcomes, *leadership* is required at every level, including the funding level. Specifically, it requires the strategic thinking reflected in Washington State's Violence Prevention Act, and it requires sufficient stability to develop and flourish. Governmental leaders and other funders need to stay the course and provide the necessary support for this paradigm shift to move its value.

Networks have been fraught with funding instability. The instability is not just in the amount of funding, but more important in the timing and sources of the funds. Because of this instability, plans have been constantly undermined at the point that networks were poised to act.

Timing of funds. During the first funding cycle (fiscal year 1997), delays in negotiating contracts with the FPC meant that many networks had only a few months to issue requests for proposals, distribute funds, and ensure that the funds were expended. The delays occurred in large part because of reductions in FPC staff at the point that most contracts were submitted. For many networks, the short timeframe did not allow for careful definitions of a new accountability structure, nor did it allow providers sufficient time to accomplish and report results.

Source of funds. Networks learned from this experience and planned a schedule to allow adequate time to process proposals for the current biennium, including time for negotiating outcome-based contracts. However, during this funding cycle, networks were informed that expenditures from their Title IV B(2) federal funds were restricted to activities connected to child abuse and neglect prevention. Use of the funds was delayed until almost the second half of the biennium while these restrictions were being formulated. This interruption was extremely disheartening to networks. Network and provider activities had to be put on hold for six to eight months. Many network plans also needed substantial reformulation. The unpredictability and instability regarding funds significantly undermined the networks' effectiveness and credibility in the community.

Because of the restrictive nature of federal funds, the state exchanged some of the federal funds for the more flexible state Violence Reduction and Drug Enforcement Account (VERDE) funds. However, doing so resulted in more complicated fiscal accountability reporting because the funds needed to be spent and tracked separately. Such fiscal accounting and reporting is routine for governmental bureaucracies, but grassroots organizations are not well-equipped to manage multiple funding streams. They do manage it with the help of a good fiscal agent, but it distracts them from their leadership and consensus-building activities and from their outcomes focus. *Restricted funding streams are not conducive to an outcomes orientation.*

Administrative cap. In addition to instability in the source and timing of funds, the 10 percent administrative cap in the legislation⁶ is a major obstacle to focusing on outcomes. Managing resources to achieve results is very different from traditional administration. In the context of networks, it includes strategic leadership to leverage private and public efforts to achieve results for specific populations; it involves facilitating discussions about outcomes and measures; it involves managing (not just administering) contracts. These are all management and leadership activities necessary to achieve results that currently fall under the definition of

⁶ RCW 70.190.103(2) limits the networks' expenditures on planning and management duties to no more than 10 percent of funds available to the network.

administration. The cap established by the Legislature is too restrictive for outcome-based management and leadership, especially for smaller networks.

Level of funds. The level of funding, in addition to its source and timing, deserves mention. The Act anticipated substantial funding, and it describes a very ambitious undertaking appropriate to a high level of funding. That level of funding has not materialized, yet networks are trying to simultaneously address the many issues identified in the Act across at-risk populations and be involved in general preventative efforts as well. It is unlikely that networks will be effective trying to accomplish change in so many areas with such limited resources.

Some networks have decided to strategically focus their resources and energy. Clallam County Network arrived at a remarkable consensus that, for the present, they will focus on families with prenatal through age three children. Because so many populations are worthy of focus, achieving this type of consensus is not easy. However, unless there is focused effort around a specific population, it will be difficult for networks to achieve, let alone demonstrate, measurable results, particularly given resource limitations.

Two other networks in the study, South King County and Tacoma Urban Network, are also planning focused efforts. The South King County Network plans to define a single policy issue for system reform planning (in conjunction with their project-oriented system reform work). The Tacoma Urban Network is continuing its system reform efforts around outcomes.

The Clallam County Network's strategic focus is particularly notable because it is directed toward a specific population. Populations are concrete. The concept of system reform is abstract. System reform efforts, including decategorization, can be made more concrete by directing the efforts toward specific populations. With a population focus, potential partners can be identified more easily and their relative importance to the specific population weighed. It is also often less threatening to discuss system change issues in connection with a concrete population of mutual interest than to discuss those issues in a more abstract context.

The various barriers to an outcomes focus are substantial, but they are amenable to change by policymakers. Transforming the culture to a focus on outcomes requires the elimination of as many barriers as possible.

Network Progress in Outcome Orientation

Most network staff and members indicated that on a scale of 0 to 100 percent, their understanding of outcome thinking ranged between 75 and 90. This assessment was consistent with observations from the interviews. Members and staff tended to focus on changes they wanted for children and families rather than only on activities. When they were confused, one or two simple questions refocused their attention on outcomes.

Becoming outcome-focused is a process, not an event. The level of understanding of outcomes among staff and members is not always well-represented in reporting. As mentioned earlier, clearly-written articulation is usually the last aspect to be accomplished. The first round of reporting on fiscal year 1997 projects was further compromised because the data entry screens provided to networks were not very user-friendly, and the screens did not translate well to paper for manual reporting. It is not surprising that the reports examined by the Institute were found

wanting. A summary of outcomes and indicators currently being reported can be found in Appendix A.

Despite the barriers and the difficulty of the outcomes work, considerable strengths are present with respect to outcomes in Washington's networks.

- First, the barriers and disappointments have caused many people to leave the networks, and those who remain are stalwart, thoughtful, and amazingly dedicated. These people care passionately about children and changing their life situations in specific ways.
- Regarding community, the networks have demonstrated that people's sense of community is very local, and networks have organized themselves accordingly. While some observers were surprised at the large number (53) of networks initially organized, those networks have often further differentiated themselves. For example, Snohomish County Network is organized into four affiliates. Clallam County Network is organized into east and west regions; Pacific County Network is organized into north and south regions; and Asotin/Garfield County Network is organized around its three school districts. This has allowed the networks to involve more citizens who want to improve outcomes for children and families.
- As noted above, the networks continue to train their communities on outcomes and take this responsibility very seriously. Their knowledge and comfort level regarding outcomes continues to increase.
- The networks' Technical Assistance Committee, funded with Stuart Foundation money, is providing additional useful training to networks on outcomes.
- The FPC staff are seen as stronger and more supportive than at any time in the past. The staff instituted a new reporting tool for outcomes, Logic Links, that many describe as being thought-provoking and useful.
- The FPC has chosen to strategically focus its efforts for the next two years on the population of families with children prenatal through eight years of age. It has invited networks to join them in that focus if they so choose.

III. RECOMMENDATIONS

The networks have been buffeted by change during their relatively brief history. Predictability in funding and stability in legislative direction are needed more than any other factor. Thus, relatively few changes are recommended at this time. The following recommendations are supported by the evidence in this report.

For the Legislature

- Remove the 10 percent administrative cap, which is currently a barrier to an outcomes focus.
- Provide flexible funds consistent with the mandate to be outcome-focused.

For the Family Policy Council

- Develop a framework for defining and measuring outcomes appropriate to the network context. (See Appendix B: Framework Development.)

For the Networks

- Continue to build capacity for measuring programmatic outcomes among service providers as a system reform effort.
- Apply a strategic focus to system reform and programmatic efforts (and measurement), preferably at a specific population you select.

APPENDIX A: 1998 NETWORK OUTCOMES

The articulation of outcomes and measures in network reports to the Family Policy Council (FPC) are neither as clear nor as succinct as necessary. As noted in the body of this report, clear articulation is usually the final stage in the process of outcome measurement. A framework adopted by the FPC that identified the types of changes that qualify as outcomes would be of great value to the networks. The inclusion of standards to judge the adequacy of outcomes and their measure could also benefit the reporting process.

Overall, outcomes for projects with identifiable target populations tend to demonstrate more clarity than projects focused on system reform. The system reform projects tend to be process-oriented and thus measure steps in a process. A framework that supports a strategic and focused approach to system reform would help to bring clarity and effectiveness to system reform activities.

As of November 1998, 35 networks had submitted Logic Links (the FPC's reporting form) as part of their contract obligations. Because of the delay in state decision-making on Title IV B(2) funds, many networks postponed decisions about allocation and outcomes until late spring 1998. Specific allocations via a request for proposal process were often delayed until later in the fall of 1998. Broad statements of outcomes have been reported along with the general allocation of funds to the FPC. The measures or indicators of those outcomes, along with performance updates, are to be submitted in quarterly reports after specific projects and providers are identified. Relatively few indicators have been reported thus far.

The outcomes identified in reports to date are summarized below. They are organized by the targeted age population where possible. Substantial redundancy was found in outcomes across networks, which is to be expected since they are guided by the same legislative Act. The outcomes are abbreviated for this summary, with some indicators listed to give the flavor of measurement that can be expected.

Increased parental knowledge and skills is a consistent outcome across all child-age groups. This outcome is preventative in nature. The focus of the intervention varies with the targeted age of the children and their families. The measures associated with these efforts are usually of increased knowledge and skills, not behaviors. Relatively few specific indicators have been reported by the networks because many have not yet selected the specific provider for services. There is obviously no performance to report regarding these projects.

Prenatal Through Age Three/Families

Many networks identify the preventative outcome of *increased parental knowledge and skills*. For young children, the emphasis is on child development, appropriate expectations for child behavior, health, stress management, and the development of social support for parents (especially young parents). For parents of infants and young children, the longer-term outcome is increased parent/child bonding, which is a protective factor for the child.

Pre-School and Early School-Age Children/Families

For this age group, *increased parental knowledge and skills* to enhance school readiness (e.g., immunizations, health) and early success in school (e.g., school attendance) is generally emphasized. In addition, *enhanced behavioral management skills* are emphasized in order to prevent child abuse and neglect.

Teens/Families

For older children and adolescents, the behavioral outcomes associated with *increased parental knowledge and skills* is accomplished through conflict resolution, positive conflict resolution, and non-violent discipline. Indicators were articulated by one network as follows: *parents will show significant positive gains on post-test designed to measure selected risk and protective factors; parents will show increased ability to access formal and informal support services as evidenced in case notes; parents will exhibit behaviors consistent with effective parenting skills as evidenced by case notes.*

Another common preventive outcome for this age group is the development of *positive adult mentor relationships (non-parent)*. One indicator for this outcome is “*Youth identification of two non-parent mentoring adults.*” These relationships are thought to be protective in that they connect youth to the community. In addition, some networks have the preventative outcome of *peer mentor relationships* for at-risk teens. These relationships are intended to enhance the image of education and reduce the likelihood of dropping out of school. Other outcomes identified for youth include:

- *Improved school attendance and academic achievement.*
- *Percentage improvement in school attendance, grades, and behavior incidents.*
- *Positive extra-curricular participation.*
- *Increased age at first use of alcohol/tobacco use.*
- *Youth engagement in community activities and decision-making.*
- *No second pregnancy.*

Other Child/Family Outcomes

Some outcomes are less age-specific. For example, *improved reading skills and more quality books in the home* applies to all ages. *Increased community assets* is also general rather than age-specific. Several networks had outcomes related to safe communities, such as *increased child knowledge and skills* that would help to protect the child against sexual abuse; *development of community norms for child safety*; and *increased park safety* to support safe and healthy activities for children, youth, and families. Another non-age related outcome is *decreased risk of re-referral to Child Protective Services.*

System Reform Outcomes

System reform efforts are often more process-oriented, and their results are often interim outcomes. An outcome commonly articulated is *identified gaps in the service delivery system.* Additional outcomes include *increased collaboration among service providers, decreased*

service redundancy, increased efficiency in the service delivery system, and increased public awareness (e.g., of child abuse and neglect).

Some outcomes relate to information and evaluation. These are *improved data collection and information for decision-making, and increased capacity of service providers to identify outcomes and evaluate services.*

APPENDIX B: FRAMEWORK DEVELOPMENT

The directive to measure outcomes and results is almost universal in today's governments. Those charged with the task quickly find that there is little consistency in language, purpose, and tools for doing this work. The variation is understandable because measurement is applied in many different contexts, and it is useful to customize the language, purpose, and tools as appropriate to specific settings. While the differences among approaches are expected and manageable for those with backgrounds and experience in research and measurement, the differences are confusing and frustrating for novices. Thus, it is important to articulate the framework so the language, purpose, and tools can be readily understood.

It is up to participants and key audiences to agree upon a framework. The FPC has the authority to facilitate this agreement and articulate a framework. This appendix suggests issues to address.

Context

Four salient features of the network context deserve consideration in developing the framework appropriate to the setting. First, the *work of the networks is preventative* in nature. The earlier the intervention with respect to prevention, the farther removed it is from the behavior it is designed to prevent (or support). This timing has implications for the types of outcomes that qualify as acceptable.

Second, the *networks are citizen-based*. Citizens are intuitively able to talk about outcomes from a common-sense perspective. However, citizens are often unskilled in the ways of bureaucracy and want to remain that way. This factor needs to influence the language, complexity, and reporting requirements.

Third, the legislative authorization and the citizen base suggest a *leadership role for networks regarding children and families* in their communities. The network provides one of the relatively few ways for citizens to become meaningfully involved in systematically improving the lives of children and families in their communities. This leadership position suggests a strategic as well as a programmatic role for networks.

Fourth, this *framework will not be developed on a blank slate*. Networks are in their second measurement cycle and have already invested substantial effort in learning, training, and implementing outcomes and indicators. That investment should be acknowledged and respected in the development of a framework. In addition, the framework should address the expectations and evaluation needs of the Institute.

Fundamental Issues for Framework

The most fundamental aspect of the framework is an answer regarding the question of what constitutes an outcome. Other issues include the purpose of measurement (i.e., how the information will be used) and standards for measurement.

What constitutes an outcome? Social interventions are intended to effect a change or an outcome. With respect to children and families, a change can occur in knowledge, skills, attitudes, behavior, or status (e.g., parent retains custody of children, loses custody). An intervention can also be designed to maintain a current status (e.g., no second birth for teenage mothers). The question is: “Which among these change orientations are acceptable?”

Networks have reported all these orientations as outcomes, which is in keeping with the preventative nature of their work. A framework might (or might not) specify a preference for measures of behavior when it is practical to do so. However, the consequences of preventative work can be long-term, and the causality between the prevention and the behavior is not something that networks can or should prove. The theory of causality is reflected in the enabling legislation and supported by research designed to test causality. Networks are acting on the basis of that established knowledge. It is probably futile and unnecessary to expect networks to demonstrate long-term behavioral effects of their preventative efforts.

Some networks are also involved in system reform activities, and the framework must address this activity. As noted in Appendix A, many of these activities are designed to identify service gaps and encourage collaboration among organizations and service providers. Decategorization is a system reform topic of interest.

System reform efforts tend to be more effective when they are focused on a specific population of children and families. For example, identifying service gaps is a broad, amorphous, and ever-moving target. Even if all service gaps are identified, the likelihood is that remedial action will be taken with respect to only one or two of the gaps. Similarly, collaborative efforts are time and energy consuming. Broadly defined collaborative efforts are especially so.

A focused system reform effort can be designed that attempts to effect a change in a specific population (e.g., increased parental knowledge and skills for families with prenatal to three-year-old children). This effort might examine the service delivery system for gaps and facilitate collaboration among agencies, organizations, and people. By designing the effort around change in a specific population, activities are more clearly focused and easier to accomplish. A more focused effort enables state partners to identify the most relevant and appropriate government workers to assist in the reform. Collaboration and system reform generally meet with less resistance when attention is consistently on desired change in the target population rather than on roles, position, and territory. The success of the system reform effort can be judged by the extent of the desired change in the target population.

What is the purpose of the measurement? Accountability and program improvement are two purposes of measurement. Both tend to be present in all measurement frameworks, but their relative weight varies. From an accountability perspective, measuring performance is intended to inform funding decisions: Did the program succeed or fail, and therefore, should the program be continued or discontinued? In fact, funding decisions are rarely primarily based on performance data. In 30 years of evaluation research, observers can count on one hand the number of programs continued or discontinued based on evaluation data. That is true for a variety of reasons. Funding decisions are rightly based on political values and in response to constituencies, not just on data. Also, poor program performance does not necessarily indicate discontinuation if the intervention is strategically critical. It might indicate the infusion of additional resources in order to improve performance in a critical area. Similarly, good program performance does not necessarily indicate continuation if the intervention is of less strategic importance.

The recognition of complexity of funding decisions is not to discount the value of outcomes and measurement, but rather to be realistic about how information is, and can be, used. While performance data has rarely been the deciding factor in funding decisions, it is invaluable for improving program performance and learning how to be more effective in achieving results. A strong focus on outcomes—even without measurement—often results in improved performance. This consequence is particularly true when the logic flows from a target population to the desirable change for that population to a strategy for achieving that change. Keeping attention focused on the changes desired for children and families tends to have an independent effect on outcome performance.

In social services, the more traditional logic flow is from resources (staff and physical facilities) to activities (what does staff do) to output (how many participate in the activities) to outcomes (what change do we see). Most of the attention is on staff and staff activities with some attention to outputs. Traditionally, little attention has been given to the consequences for children and families. Measurement of outcomes underscores the importance of change for children and families, simultaneously underscoring the value of program staff.

Outcome measurement also contributes to quality improvement. Every program examined in the in-depth study had made significant program improvements as a result of measuring outcomes. The combination of focusing attention and using information on outcomes to increase effectiveness is very powerful.

Dividing the population. Information on performance tends to be most useful when data can be subdivided by different population groups, such as ethnicity, age, gender, or level of risk. While there are undoubtedly some programs that are just ineffective, the more common situation is that a program or a strategy is effective for some groups (i.e., sub-populations) and is less effective for others. This is particularly true for social services programs because many effective programs are due to charismatic leadership that connects particularly well with a particular population. The advantage of the citizen-based agency is that the network has the flexibility and the community insight to take advantage of that natural leadership. On the other hand, it is important to monitor differences in effectiveness across sub-populations in order to improve effectiveness in groups that are not responding to a particular intervention. It is also useful to know whether the population mix is changing over time, because changes in the mix will undoubtedly affect performance on outcomes. From a learning perspective, it tends to be more useful to collect data identifying one or two sub-populations in conjunction with measuring outcomes than to collect substantial data on resources, activities, and outputs.

The concept of accountability can be reformulated from the traditional simplistic conception of funding decisions to accountability for good management. That formulation would hold networks accountable for focusing on outcomes, measuring them, assessing effectiveness, and using measures on outcomes and sub-populations to increase effectiveness.

Standards for outcomes and their measures. Common standards are needed to judge the adequacy of the outcome statements and their measures. Key factors are as follows:

- **Clarity.** The outcome statement must be *clear*: simple, direct, and in common language. The current reporting of outcome statements lacks clarity, tends to ramble, and is often complex.
- **Credibility.** Both the (clear) outcome statement and the measure must be *credible* to key audiences. Those audiences would generally include network members, relevant children and families, the FPC, and legislators.
- **Practicality.** Rigorous designs and measurement systems that cannot be realistically implemented are not practical. Given the level of network resources, measures that flow directly from program operation are the most *practical*.
- **Utility.** The data collected should be *useful*. The questions “What would I learn if I had these data?” and “What decisions would these data inform?” should be asked and answered before proceeding to measure. If the answers are “I would not learn anything” and “It will not inform any decisions,” the outcomes and measures should be reconsidered.

Outcomes Versus Indicators

Many measurement systems combine the statement of the outcome, the indicator, method of measurement, and also a statement of the expected performance. For example, “Parental knowledge of child development (outcome) will increase by an average of 50 percent (performance expectation) as indicated by the Schoen test (indicator or measuring tool) administered pre- and post-instruction (the method of data collection).” While there is a perceived efficiency in such a statement, there are some significant disadvantages to that approach. First, it puts outcome, indicator, and expected performance on the same level, and they are not equally important. The outcome statement is critical. Network attention should be focused on that simple, direct statement of desired change for children and families. Outcomes, once thoughtfully developed, are likely to be stable over time. That stability is already beginning to emerge in network reporting as is evident in Appendix A.

Indicators are just that. They indicate the outcome, *but they are not the real thing*. Unlike outcomes, indicators are *likely to change* as new tools are developed or discovered. Also, the best indicator of an outcome for one group (e.g., increased parental verbalization as an indicator of improved parenting) might be different for another group (e.g., *decreased* verbalization as an indicator of improved parenting).

Expectations regarding performance are useful in testing hypotheses about effectiveness. But like indicators, expectations regarding performance will vary over populations and over time. In fact, performance expectations are most useful when they are differentiated across population groups, such as one level of expected performance for 14- to 15-year-olds and another level of expected performance for 16- to 17-year-olds.

Actual performance is the final piece. It is usually helpful to conceptually differentiate the outcome statement (what one wants to change) from performance on the outcome (effectiveness). The outcome statement will be stable over time. Performance will vary for

different population mixes. It will also change as programs improve as a result of learning. Greater conceptual clarity comes from separating these various components.

Strategic Thinking About Outcomes

Networks are in a unique position to provide strategic leadership in improving the lives of children and families in their communities. The leadership potential can best be realized if networks are willing to think about outcomes strategically as well as programmatically. Strategic thinking about outcomes involves choosing an area of focus for a period of time in order to effect measurable change. Steps involved in thinking strategically about outcomes include:

- Identify a specific population to be targeted.
- Describe the current status as concretely as possible, including approximate numbers in the target and sub-groups.
- Describe the desired change to be achieved in two years or other timeframe.
- What indicator(s) will be used to track and demonstrate change?
- What level of change is the organization committed to attaining?

The Clallam County Network decided to strategically focus its resources on families with prenatal to age three children. The desired change is parent/child bonding through increased parental knowledge and skills. The network facilitated collaboration among service providers and other organizations to join them in that focus.

Developing consensus around a specific population can be difficult. Network members differ in their interests and priorities for children and families. It takes discipline to maintain a focus in the face of competing interests. A network can achieve consensus around a general target, such as prenatal to age three children and their families, and still disagree as to scope. Should the focus be on all families or on those who are at moderate risk or those who are at high risk? There is a strong social services ethic of equal access to programs and services which argues for inclusion. The children in socially-isolated families are at high risk of child abuse and neglect and other negative behaviors. Early intervention is probably necessary if the risk is to be reduced. Yet these families might be the hardest to access and to effect change. Families who are at moderate risk might yield to the most change for the effort. However, moderate-risk families might be hard to identify.

The FPC decided to target families of prenatal to age eight children over the next two years, focusing particularly on socially-isolated families. Networks are welcome to join the FPC in that focus, but they are under no obligation to do so.

In addition to the above steps, strategic leadership requires additional action and analysis:

- Construct a model of the steps to move from the current status to the changed status.
- Determine the leadership responsibility needed to attain the result.

- Decide how the community will be engaged.
- Decide what resources are essential.
- Decide what barriers to anticipate at each step in the model and how they can be overcome.
- Decide what indicators will inform whether the project is on track.

Strategic thinking about outcomes offers networks a pathway to achieve systemic measurable results.